Essendon Aged Care

Performance Report

10 Fletcher Street
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Phone number: 03 9375 2933

**Commission ID:** 4304

**Provider name:** Menarock Aged Care Services (Victoria) Pty Ltd

**Site Audit date:** 19 November 2020 to 23 November 2020

**Date of Performance Report:** 23 December 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 14 December 2020.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers/representatives considered that they/their consumer are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* A consumer said staff assisting them with activities of daily living treat them with kindness and respect.

Consumers/representatives interviewed confirmed that they/their consumer are encouraged to do things for themselves and that staff know what is important to them. For example:

* A consumer described how they independently access the community, manage a medication themselves, are able to smoke and enjoy a drink of wine when they choose and are supported to do these things.

Staff spoke about consumers in respectful and kind ways and understood their backgrounds and were able to describe what consumers liked to do. Staff demonstrated and were able to discuss how they maintain consumers’ privacy needs and how personal information is kept confidential.

The organisation has a range of process which guide consumer dignity and choice and information provided to consumers.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers/representatives about how they are involved in care planning and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers/representatives considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* A representative said as their consumer experiences challenges communicating, they worked with the service to identify their consumer’s preferences.
* Most representatives interviewed confirmed they have access to their consumer’s care plan.

The Assessment Team observed consumers being engaged in reviews of their care planning. Representatives interviewed confirmed they are involved in regular monthly reviews and are informed when circumstance change or an incident has occurred.

For each consumer sampled there was an advanced care directive and staff were able to describe what was important to consumers. Documentation evidenced involvement of others such as medical practitioner, physiotherapist, speech therapist and dietitian in assessment and planning.

However, risk assessments are not always effectively applied to identify consumers current risk in relation to falls and skin integrity. Assessment and planning does not always reflect consumers current needs and preferences, such as consumers with responsive behaviours and at risk of choking.

The Quality Standard is assessed as Non-compliant]as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team presented evidence staff do not complete risk assessments effectively and supported this with separate examples for consumers sampled in relation to a falls risk assessment and skin assessment. The Assessment Team also identified the service does not apply a nutritional risk assessment tool to detect consumers at risk of malnutrition.

The approved provider’s response presented evidence care planning in relation to the consumer’s falls risk had now been updated and the relevant member of staff received education. The provider’s response does not address the Assessment Team’s evidence in relation to the skin risk assessment of the other consumer, however provided evidence the consumer’s weight had been regularly monitored according to the organisation’s policy, that the consumer had not lost more than two kilograms over last four months and had seen a dietitian. The provider’s response does not address the Assessment Team’s evidence in relation to nutritional risk assessment.

Thus, while I note the action taken by the service and information provided, I find the service is Non-Compliant in relation to this requirement.

### Requirement 2(3)(b) Non-compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The Assessment Team presented evidence assessment and planning does not identify and address the consumer’s current needs, goals and preferences. The Assessment Team supported this with evidence for three sampled consumers. For two consumers, assessments do not describe their specific responsive behaviours or triggers and strategies to manage these responsive behaviours. In relation to a third consumer, the Assessment Team provided evidence choking risk was not assessed and planned for despite staff being aware of episodes of choking by the consumer.

The approved provider’s response provided information relating to the consumer at risk of choking. This included that the consumer is fiercely independent, staff consult with the consumer prior to each meal, record of a telehealth review by speech pathologist in September and arrangement for an in person appointment for 16 December 2020, and, an updated safety risk assessment.

The provider’s response does not address the evidence in relation to the two other sampled consumers.

Thus, while I note the action taken by the service and information provided for the third consumer, I find the service is Non-Compliant in relation to this requirement.

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team presented evidence the service did not adequately demonstrate interventions implemented are reviewed for effectiveness when changes have been identified. The Assessment Team supported this with evidence relating to the service not identifying a consumer refusing supplements following weight loss, three consumers who were not reweighed when scheduled, the risk screening tool for a consumer not being effectively completed post a falls incident, and, previous assessments not being available on the new documentation management system.

The approved provider’s response provided additional information in relation to the consumer and supplements, the monitoring of weights of the consumers and the availability of past risk assessments.

While I note the Assessment Team’s evidence, I find on balance the service has demonstrated interventions implemented are reviewed for effectiveness when changes have been identified. Thus, I disagree with the Assessment Team’s recommendation and find the service complies with this requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most sampled consumers/representatives considered that they receive personal care and clinical care that is safe and right for them. For example:

* A consumer described how if he has pain, he can tell staff and his pain is managed.
* A representative said they “feel blessed…nothing but support…I know my brother is being cared for. They (staff) talk to him, they don't treat him like a body.”
* A consumer described how their husband passed away at the service in February of this year. They described how their husband was well cared for and kept comfortable.
* Three representatives interviewed confirmed their consumers has access to their medical practitioner and allied health services as needed.
* However, a representative expressed dissatisfaction with the oral hygiene provided to their consumer and loss of weight.

The service has a suite of policies and procedures which underpin the management of each consumers care and these are regularly reviewed. The service has a range of systems, processes and procedures to recognise and respond to deterioration including referral to other providers of care and services.

However, the service does not actively pursue opportunities to minimise the use of antipsychotic medications. Staff do not have access to plans of care that record triggers and strategies to manage responsive behaviours, or always document non pharmaceutical interventions, prior to use of antipsychotic medication. Staff practice using personal protective equipment was not always reflective of best practice and the service’s environment was not consistently set up to minimise infection.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team presented evidence in relation to the use of psychotropic medications for two consumers sampled.

One consumer receives regular administration of antipsychotic medication ‘Risperidone’, documented as prescribed for ‘symptoms of Alzheimer’s disease, anxiety and depression’. The restraint authorisation form records ‘Risperidone’ was commenced by previous general practitioner and the daughter did not want to change the medications. While the medication was briefly ceased in February 2020, it was reinstated a month later at the request of the consumer’s family.

The approved provider’s response drew attention to the recent restraint authorisation form for the consumer dated 4 November 2020 where the general practitioner prescribed ‘Respirodone’ to ‘treat symptoms of Alzheimer’s dementia, anxiety and depression’ and records both consumer and next of kin aware of medication implications, why there is a need for the medication to be prescribed and that medication not used to influence behaviour. While it is recorded on the form the daughter does not wish to cease the medication, the general practitioner documents they will seek to reduce the medication as much as possible. The provider’s response acknowledges this is a conversation for the next care plan conference.

Assessment and care planning documentation for a consumer does not describe triggers and strategies to manage responsive behaviours prior to the administration of as required the antipsychotic medication ‘Quetiapine’. The consumer lives with diagnoses of Alzheimer’s dementia, anxiety and behavioural and psychological symptoms of dementia (BPSD). On two occasions in the two months prior to the audit the medication was administered twice in addition to the regular administered doses. Strategies used by staff prior to use of as required administration of ‘Quetiapine’ were not recorded on one of two of these occasions. A recommendation by a geriatrician in May 2020 to reduce ‘Quetiapine’ was not followed through on as management said the consumer ‘was still experiencing responsive behaviours’.

The approved provider’s response contends the consumer’s general practitioner reviewed the consumer’s diagnosis and prescription and is ‘of the opinion that Quetiapine is suitable for a diagnosis of behavioural and psychological symptoms of dementia (BPSD)’. The response notes the staff understand the consumer and use appropriate interventions for the consumer. However, a visit by Dementia Australia is scheduled for 14 December 2020 for the consumer. The response states staff use the ‘buddy program’ as a non-pharmaceutical intervention for the consumer.

While I note the action taken by the service and information provided, I find the service is not actively pursuing opportunities to reduce the use of antipsychotic medications, particularly in relation to the second consumer. In addition, staff do not have access to plans of care that record triggers and strategies to manage responsive behaviours, or always document non-pharmaceutical interventions taken, prior to use of antipsychotic medication. Thus, I find the service Non-Compliant in this requirement.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team provided evidence the service did not demonstrate effective monitoring of consumers’ unplanned weight loss or strategies to combat weight loss, and included:

* A consumer only being reweighed a month following unplanned weight loss of 1.5kg. The consumer’s representative expressed concerns about their spouse’s weight and about their oral hygiene.
* A consumer who tested positive for COVID-19 and returned from hospital with significant weight loss, with delays implementing dietitian recommended supplements and/or occasions of refusing supplements and the consumer not being weighed fortnightly as requested. The consumer has regained part of weight lost.

The approved provider’s response provided further information in relation to these consumers. Information provided demonstrates the first consumer was weighed fortnightly and monthly in line with instructions and the organisation’s procedures and has been reviewed by a dietitian on three occasions since August 2020. The consumer has been referred to a dental clinic with the representatives consent.

The approved provider provided additional information in relation to the second consumer including weight records, that the consumer has been on a palliative care trajectory since August 2020, stability of weight and commencement of fruit variety supplement.

While I note the Assessment Team’s evidence in relation to the two consumers, I find on balance the service has demonstrated monitoring of consumers’ unplanned weight loss or strategies to combat weight loss. Thus, I disagree with the Assessment Team’s recommendation and find the service complies with this requirement.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Non-compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team presented evidence of observations of:

* staff infection control practice not reflective of best practice for a COVID-19 pandemic environment
* supplies for cleaning high touch surfaces not available in nurses stations and staff room
* location of bins at donning areas, and
* lack of signage to identify donning and doffing areas.

The approved provider’s response states the organisation has an abundant supply of wipes and these had been moved and replaced on that day and signage had been implemented following a visit by an Assessment Team in October 2020. The provider provided infection control training records for staff from July to September 2020 and stated a ‘spotter’ monitors staff practice. The provider’s response did not address the location of bins in donning areas.

While I note the providers response, I have taken into consideration the entirety of the Assessment Team’s observations in my decision and placed particular weight on the observations of staff infection control practice. Also, while the organisations has ‘abundant’ supplies of wipes they were not readily available in the areas required. Thus, I find the service is Non-Compliant in relation to this requirement.

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers/representatives – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall consumers/representatives expressed satisfaction with supports provided to optimise consumers independence, health, wellbeing and quality of life. Consumers/representatives indicated the service helps consumers to maintain community connections and interests. For example:

* A representative commented on how a staff member took their consumer to the movies and out for shopping saying staff value her as a person.

There were some inconsistencies in representatives’ feedback in relation to information consumers receive from the service and emotional support provided to consumers. For example:

* A representative commented staff did not know their consumer and therefore were not able to emotionally support them.

Consumers/representatives provided positive feedback in relation to meals and meal services.

Staff were familiar with consumers and gave examples of how consumers are encouraged to participate in the community and maintain social relationships. Staff could describe what was important for the consumers sampled.

The Assessment Team observed staff providing individualised activities for consumers and group activities which encouraged participation and connection. Equipment used to support lifestyle services were observed to be clean and well maintained.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers/representatives about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

The service environment was observed to be welcoming, easy to navigate and optimises consumers sense of belonging, independence, interaction and function. The environment was observed to be generally safe, clean and well maintained.

Consumers/representatives sampled were satisfied the service environment is safe and comfortable, the independence the environment provides them and the quality of cleaning services, laundry and home maintenance provided. For example:

* One consumer commented that the best thing is the “washing, cooking and they entertain us…and they know us.”

Management and staff could describe features of the services environment that are designed to support functioning and independence for consumers with a cognitive impairment. Consumers are able to move freely indoors and have access to outdoor areas. There are preventative and reactive maintenance schedules and records are maintained of services completed.

However, while furniture, fittings and equipment are safe, clean and well maintained, not all consumers have equipment suitable to meet their need. For example, one consumer documented as requiring an air mattress was observed resting on a standard mattress.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Non-compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team presented evidence not all consumers have equipment suitable to meet their need. A consumer whose care documentation records they require an air mattress and two hourly repositioning, was observed resting in bed on a standard single mattress. Staff said following recent consultation with the medical practitioner the service was trying to source a king single bariatric bed.

The provider’s response states a king bariatric bed is ‘already in place’ for the consumer and supported this with an invoice of repairs to the remote control of the bed two weeks after the audit. The provider’s response notes the consumer is comfortable in this bed but at times has a preference to rest on a single mattress in their room.

However, the organisation’s response does not address the Assessment Team’s evidence in relation to the air mattress. On this basis, I agree with the Assessment Team’s assertion that not all consumers have equipment suitable to meet their need, and find the service Non-Compliant in this requirement.

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers/representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Representatives interviewed described in various ways how they could raise a complaint with the service.
* A consumer said there is nothing that requires improving. They said there is a suggestion box if they wanted to suggest an improvement.

Internal feedback forms in four languages are on display and locked boxes are available. External complaints information is displayed. The service seeks feedback through one to one discussions, newsletters and meetings.

Feedback/complaints are logged onto the service’s opportunity to improve register. Actions and timelines are recorded within the register and are closed (where able) and evaluated at the end of each month. Complaints are allocated to the most appropriate person with authority to action the complaint. The service demonstrated feedback and complaints are used to improve the quality of care and services.

Staff and management understand and practice open disclosure.

Management and staff provided examples of how the service has enabled consumers/representatives to access to advocacy services. While the service has not displayed information in relation to language services and other methods for raising and resolving complaints, this is contained in booklets accessible to consumers, representatives and staff.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

The Assessment Team presented evidence that information about advocacy services, interpreter services and external complaints were not displayed within the service, noting management’s comment they had not been redisplayed post outbreak. However, the Assessment Team’s evidence also provides examples of how the service has enabled consumers/representatives to access to advocacy services and notes staff know how to access interpreter and hearing services.

The approved provider’s response states booklets that include above information are accessible to both staff and consumers/representatives in multiple places within the service.

While I note at the time of the audit relevant information was not displayed, taking into consideration other evidence made available, on balance, I am satisfied consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Thus, I disagree with the Assessment Team’s recommendation and find the service Compliant with this requirement.

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers/representatives about their experience of the staff, interviewed staff and reviewed a range of records including staff rosters and training records.

Overall consumers/representatives indicated satisfaction with staff mix, staff availability, competence and knowledge and indicated staff are kind and respectful.

Staff interviews and interactions demonstrated staff’s familiarity with consumers and their individual needs, culture and diversity. The Assessment Team observed warm and engaging interactions from staff towards consumers. For example, staff used gentle touch, reassurance and did not rush consumers.

Whilst the service has a training calendar and an annual education program, not all staff had completed the service’s mandatory education requirements.

Staff attend annual performance reviews and complete a probationary period to identify any areas for improvement.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team recommended the service does not comply with this requirement and presented evidence staff had not completed some mandatory education topics in 2020 as required by the organisation. The Assessment Team however evidenced education/competencies completed included manual handling, infection control, PPE usage and fire and emergency. The Assessment Team’s evidence noted fragmented record keeping of education records and management’s disclosure of a period of problems with the online learning platform.

The organisation’s response provided additional information and an education monitoring tool reflecting that staff have completed required education.

Taking this additional evidence into consideration, and other relevant evidence included in other requirements under Standard 7 and other Standards, I am satisfied the workforce is recruited, trained, equipped and supported. Thus, I disagree with the Assessment Team’s recommendation and find the service Compliant with this requirement.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives have opportunities to contribute to the development, delivery and evaluation of care and services through regular consumers’ meetings.

Service performance is monitored and reviewed at service and organisational level through review of key performance data including incident and clinical data. There are dedicated responsibilities and reporting requirements in relation to information, financial and workforce governance, regulatory compliance and feedback and complaints.

The organisation has a risk management framework and policies describing how the service responds to high impact or high prevalence risks associated with the care of consumers, how abuse and neglect of consumers is identified and responded to and provided examples of how consumers are supported to live the best life they can. However, risk management systems for high impact high prevalence risks in relation to psychotropic medications is not effective as the service is not actively pursuing opportunities to reduce the use of psychotropic medications and plans of care do not provide information for staff to enable staff to understand the responsive behaviour and implement non-pharmaceutical management strategies.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Non-compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team recommended the service does not comply with this requirement in relation to the high impact or high prevalence risks for monitoring unplanned weight loss and in relation to minimisation of chemical restraint.

The approved provider’s response provided additional information in relation to weight loss and the service’s policies. The provider’s response included the organisation’s chemical restraint policy.

While I note the information provided by the provider, I find the risk management systems for high impact high prevalence risks in relation to psychotropic medications is not effective as the service is not actively pursuing opportunities to reduce the use of psychotropic medications and plans of care do not provide information for staff to enable staff to understand the responsive behaviour and implement non-pharmaceutical management strategies, irrespective of the providers contention the staff know the consumers.

Thus I find the service does not meet this requirement.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 2(3)(a)

* Introduce processes to ensure staff effectively complete risk assessments.
* Introduce assessment tools to identify risk of malnutrition.

### Requirement 2(3)(b)

* Introduce processes to ensure assessment and planning in relation to responsive behaviours includes triggers and strategies to manage the behaviour.

### Requirement 3(3)(a)

* Review processes to ensure use of psychotropic medications is actively minimised.
* Implement assessments and plans of care that contain information for staff to understand triggers to responsive behaviours and implement non-pharmaceutical strategies prior to use of psychotropic medications.
* Introduce processes to monitor staff practice is consistent with required documentation processes.

### Requirement 3(3)(g)

* Ensure staff practices are aligned to best practice infection control.
* Ensure relevant infection control signage is displayed.
* Ensure supplies for cleaning high touch surfaces are always available where required.
* Review location of bins at donning areas.

### Requirement 5(3)(c)

* Ensure all consumers have equipment suitable to meet their need.

### Requirement 8(3)(d)

* Review processes to manage high impact high prevalence risks in relation to minimising use of psychotropic medications.